

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	
OMB APPR	OVAL
OMB Number:	3235-0076
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United Group Limited - Employe Filing Under (Check box(es) that app				ULOE	
Type of Filing: New Filing [504 Rule 505 Rul	5 306 T-2661100 4(0)) [] OFOE	
				<u> </u>	
		A. BASIC IDENTIFIC	ATION DATA		- 07079986
1. Enter the information requested	about the issuer				
Name of Issuer (check if this is	an amendment a	nd name has changed, and in	dicate change.)		
United Group Limited					
Address of Executive Offices		(Number and Street, C	ity, State, Zip Code)		ber (Including Area Code)
Level 7, 40 Miller Street, North S				+61-2-9492-888	
Address of Principal Business Operati (if different from Executive Offices)	ions	(Number and Street,	City, State, Zip Code)	l elephone Nun	nber (including Ares Code)
Brief Description of Business	····				
United Group Limited is an engir					
four operating businesses - Unite	ed Group Infras	structure, United Group F	Rail, United Group R	lesources and Un	ited Group Services.
Type of Business Organization Corporation	☐ fimited :	partnership, already formed	other (i	please specify):	DD00====
business trust		partnership, to be formed		,	PROCESSED
		Month Year			
Actual or Estimated Date of Incorpora			Actual Estin		OCT 3 0 2007
Jurisdiction of Incorporation or Organ		two-letter U.S. Postal Servic or Canada; FN for other fore		: EN	3 V Z00/
GENERAL INSTRUCTIONS		or Canada, 114 for other fore	ight jurisorettony		——THOMSON
		•			FINANCIAL
Pederal: Who Must File: All issuers making an 77d(6).	offering of securi	ties in reliance on an exempti	on under Regulation D	or Section 4(6), 17 C	FR 230,501 et acq, or 15 U.S.C.
When To File: A notice must be filed and Exchange Commission (SEC) on which it is due, on the date it was mai	he earlier of the	date it is received by the SEC	at the address given b		
Where To File: U.S. Securities and E	xchange Commis	ssion, 450 Fifth Street, N.W.	, Washington, D.C. 20	549.	
Copies Required: Five (5) copies of the photocopies of the manually signed co			which must be manual	ly signed. Any copie	es not manually signed must be
Information Required: A new filing n thereto, the information requested in Pa not be filed with the SEC.					
Filing Fee: There is no federal filing	fco.				
State:					•
This notice shall be used to indicate r ULOE and that have adopted this for are to be, or have been made. If a st accompany this form. This notice sh this notice and must be completed.	m. Issuers relyi ate requires the p	ng on ULOE must file a sep payment of a fee as a preco	arate notice with the S adition to the claim fo	Securities Administ or the exemption, a l	rator in each state where sales fee in the proper amount shall
		ATTENTIC			
Fallure to file notice in the ap appropriate federal notice wil filing of a federal notice.					
Persons	who respond	to the collection of Info	rmation contained	in this form are no	<u></u>

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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2.	E	iter the	informat	ion re	quest	d for the f	ollowia	ıg:						
	•	Each	promote	roft	he Issi	uer, if the i	ssuer h	as been organized w	ithin	the past five years;				
	•	Each	benefici	ial ow	ner ha	ving the po	wer to	rate or dispose, or dis	rect th	e vote or disposition	of, 10	% or more o	f a clas	s of equity securities of the issuer.
		Each	executiv	ve off	icer ar	nd director	of care	orate issuers and of	corpo	rate general and man	aging	partners of	partne	ership issuers; and
								nership issuers.		•		. •		•
								·			_			<u> </u>
Che	eck ≀	Box(es)	that App	oly:		Promoter	M	Beneficial Owner	Ш	Executive Officer		Director		General and/or Managing Partner
			it name f vestmer						•					
								t, City, State, Zip Co Sydney NSW, Au		3	4			
Che	ck I	Rox(cs)	that App	ly:		Promoter		Beneficial Owner		Bxecutive Officer	Ø	Director		General and/or Managing Partner
		_	it name f kd White		f indiv	/idual)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Bus	ines	s or Re	sidence A	ddre	55 (Î	Number and	d Stree	i, City, State, Zip Co	de)					****
Lev	el 7	, 40 M	iller Stre	et, N	lorth.	Sydney N	ISW 2	060, Australia						
Che	çk l	Box(cs)	that App	ły:		Promoter		Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
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Bus	ines	s or Re	sidence A	\ddre:	ss (1	Number an	1 Stree	, City, State, Zip Co	de)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Lev	el 3	36, QV	1 Buildir	ng 25	50 St	Georges	Тепас	e, Perth Western	Aust	rella, Australia				
Che	ck E	Box(es)	that App	ly:		Promoter		Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full	Na	me (Las	t name fi	irst, ii	f indiv	idual)		·•						
Dav	id .	James	Young											
Bus	ines	s or Re	sidence A	\ddre:	ss (î	Number and	1 Stree	, City; State, Zip Co	dc)					
5 h	1111 °	Terrac	e, Mosn	nan F	ark, ¹	Western /	Austra	lia 6012, Australia	ì					
Che	ck i	Box(cs)	that App	ly:		Promoter		Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
		me (Las Weir in	t name fi gram	irst, i	findiv	idual)	<u> </u>							
					_	Vumber and N 2088, A		, City, State, Zip Co fa	de)					
Che	ck I	3ox(cs)	that App	ly:		Promoter		Beneficial Owner	O	Executive Officer	Ø	Director	Ö	General and/or Managing Partner
		-	t name fi		f indiv	idual)								
								, City, State, Zip Co 2060, Australia	de)					
Che	¢k E	3ox(es)	that App	ly:		Promoter		Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full	Nat	me (Las	l name fi	rst, if	indiv	idual)							• • • • • • • • • • • • • • • • • • • •	<u></u>
Ric	haı	d Geo	rge Hun	nphry	,	,								
Busi	nes	s or Res	idence A	ddres	is (h	lumber and	Street	. City, State, Zip Co	de)	i				
Lev	el 7	, 40 M	iller Stre	aet, M	North	Sydney N	1SW 2	060, Australia		-				

United Group Limited - Form D Part A Continued

Position: Director and Executive Officer

Full Name: Richard Anthony Leupen

Business or Residence Address: Level 7, 40 Miller Street, North Sydney NSW 2060, Australia

Position: Director

Full Name: Trevor C Rowe AM

Business or Residence Address: Level 16, 1 O'Connell Street, Sydney NSW 2000, Australia

Position: Executive Officer

Full Name: David Michael Simpson

Business or Residence Address: Level 7, 40 Miller Street, North Sydney NSW 2060, Australia

Position: Executive Officer

Full Name: Gavan Wayne Simmons

Business or Residence Address: Level 7, 40 Miller Street, North Sydney NSW 2060, Australia

Position: Executive Officer

Pull Name: Lyn Nikolopoulos

Business or Residence Address: Level 7, 40 Miller Street, North Sydney NSW 2060, Australia

Position: Executive Officer

Full Name: Marray John Villich

Business or Residence Address: Level 7, 40 Millor Street, North Sydney NSW 2060, Australia

United Group Limited - Form D

Part A Continued

Position: Executive Officer

Full Name: Paul Long

Business or Residence Address: Level 7, 40 Miller Street, North Sydney NSW 2060, Australia

Position: Executive Officer

Full Name: Philip Roger Mirams

Business or Residence Address: Level 7, 40 Miller Street, North Sydney NSW 2060, Australia

Position: Executive Officer

Full Name: Robin Mark Silvester

Business or Residence Address: Level 7, 40 Miller Street, North Sydney NSW 2060, Australia

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1 1100	he issuer sol	d a-da1	ha lamian li		11 to mon o	aaraditad i	nveetore in	this offeri	ne?		Yes	No ⊠
1. Has t	ue issuer sor	a, or does i			ii, to non-a Appendix					,		(A)
2, What	is the minin	num investn			• •					*************	\$_0.00	<u> </u>
											Yes	No
	the offering											K
comm (f a p or sta a bro	the informants sion or sinderson to be listers, list the name or dealer	ilar remune sted is an ass ame of the b , you may s	ration for a sociated pe roker or de et forth the	solicitation ason or ago aler, If me	of purchase int of a brol ire than five	ers in conne cer or dealc c (5) persor	ection with 1 registered 18 to be list	sales of sec I with the S ed are asso	curities in t EC and/or	he offering. with a state		
Full Name	: (Last name	first, if ind	ividual)									
Business	or Residence	Address (N	lumber and	Street, C	ity, State, Z	lip Code)					•	
Name of A	Associated B	roker or De	aler									
States in '	Which Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						***
(Che	ck "All State	s" or check	individual	States)	**************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**!#*!*****			☐ All	States
AL IL MT RI	AK IN NE SC	AZ IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Full Name	c (Last name	first, if ind	ivídual)									
Business	or Residence	e Address (i	Number an	d Street, C	ity, State,	Zip Code)						
Name of A	Associated B	roker or De	aler								····	
	Which Person											-
(Cho	ck "All State	s" or check	individual	States)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				******	*************************	□ AI	States
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Full Name	Lust name	first, if ind	ividual)									
Business	or Residence	Address (i	Number an	d Street, C	lity, State,	Zip Code)				<u>i</u> 2.2		
Name of	Associated B	raker or De	aler									
States in '	Which Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Che	ck "All State	s" or check	individual	States)		,		**************************************	,	**********		l States
AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NI TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

1,	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	0.00	00.0
	Equity		\$ 0.00
	Common T Preferred		<u> </u>
	Convertible Securities (including warrants)	9,988,601.00	20.00
	Partnership Interests	0.00	\$ 0.00
	Other (Specify)		\$ 0.00
	Total	9,988,601.00	2 0.00
	Answer also in Appendix, Column 3, if filing under ULOE.	·	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	18	\$ 9,988,601.00
	Non-accredited Investors		\$_0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	·	Type of	Dollar Amount
	Type of Offcring	Security	Sold
	Rule 505		\$
	Regulation A	•	\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$_0.00
	Printing and Engraving Costs		\$ 0.00
	Legal Fees		5,000.00
	Accounting Fees		\$ 0.00
	Engineering Fees		\$ 0.00
	Sales Commissions (specify finders' fees separately)		\$ 0.00
	Other Expenses (identify) Link - admin fees		\$_5,000.00
	Total		\$_10,000.00

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	TO COPPERING PRICE NUM	neiropija pravonej zrenslej andubelom	PROCHEDS	
	o. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."		5	\$\$
(ndicate below the amount of the adjusted gross pro- rach of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the Issuer set forth in response to Part	y purpose is not known, furnish an estimate and The payments listed must equal the adjusted gross	1	
	•		Payments to	
			Officers, Directors, & Affiliates	Payments to Others
5	Salories and fees	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	□ \$ <u>0.00</u>	\$ 0.00
F	Purchase of real estate)	\$ 0.00	\$ 0.00
F	Purchase, rental or leasing and installation of mac	hinery	m e 0.00	5 0.00
	and equipment			5 0.00
	Acquisition of other businesses (including the value		□ *	
•	iffering that may be used in exchange for the asse	ets or securities of another	. 0.00	5 0.00
	ssuer pursuant to a merger)			
	Repayment of Indebtedness			5 0.00
	Vorking capital	***************************************	2 0.00	
(Other (specify):		[] \$_0.00	_ D\$_0.00
		, , , , , , , , , , , , , , , , , , , ,	□\$ <u>0.00</u>	s
C	Column Totals		\$\frac{9,978,601.0}{2}	
1	otal Payments Listed (column totals added)			,978,601.00
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signai	suer has duly caused this notice to be signed by the ture constitutes an undertaking by the issuer to fur- formation furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange Commi	ssion, upon writt	ule 505, the following en request of its staff,
ssue	(Print or Type)	Signature	Date	1 -
Unite	d Group Limited	144 May 19-1	19/10	010+
Name	of Signer (Print or Type)	Title of Signer (Print or Type)		
	kolopoulos	Secretary		

	MENTAL REPORT OF THE PROPERTY OF STATES OF STATES OF THE PROPERTY OF THE PROPE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠

See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form
 D (17 CFR 239.500) at such times as required by state taw.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) United Group Limited	Signature	Date 19/10/07
Name (Print or Type)	Title (Print or Type)	
Lyn Nikolopoulos	Secretary	

Instruction:

The state of the s

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

					PENDLESV				
1	Intend to non-a investor	2 I to sell accredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL						· · · · · · · · · · · · · · · · · · ·			
AK									
AZ			_						
AR									
CA									
СО									
СТ									
DE									
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FL		x	Options	1	\$211,062.00	0	\$0.00		<u>×_</u> _
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MN									
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1	Intend to non-a investor	l to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pur	investor and rchased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
мо									
MT									
NE									
NV									
NH									
NJ		×	Optons	1	\$234,452.00	0	\$0.00		×
NM									
NY						<u>,</u>			
NC		×	Options	1	\$480,866.04	0	\$0.00		×
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TX		х	Options	1	\$236,770.0	0	\$0.00		×
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VA		х	Options	1	\$452,581.0	0	\$0.00		×
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	to non-a	to sell accredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)						
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY											
PR				,							

